VDACS-03147 (5/98) (ADM)



Virginia Department of Agriculture & Consumer Services State Veterinarian - Division of Animal Industry Services P. O. Box 1163 Richmond, VA 23218 804-786-2481 Fax: 804-371-2380

Agricultural Animal Seizure Report This form is to be completed and submitted to the Office of the State Veterinarian

This form is to be completed and submitted to the Office of the State Veterinarian within five days of an agricultural animal seizure in accordance with '3.1-796.115 of the Code of Virginia.

Date of Seizure		Time of A	Time of Arrival			Time of Departure			
			AM	РМ			АМ	PM	
					<u> </u>				
Owner=s Name &				Telephor	Telephone:				
					Owner Notified:YesNo If no, name and phone number of individual contacted				
Location of anima	als (Give directions):								
Reason for seizu	re:								
Condition of anin	nal(s):								
	. ,								
Species	No. of Animals	Breed	ed Animal Ir Sex		oximate We	ight	Other Identification		
Openies	NO. OI AIIIIIIAIS	Diecu	GGX	Αρριο	Miliale We	agint	Other rue	Halloation	
Location/Address of animal impoundment				0	wner=s pro	perty	Other pr	operty (specify)	

Recommendations Commonwealth Attorney Contacted (Name, address, telephone) Date Contacted (Name, address, telephone) Disposition of animal(s) Additional Comments Signature of Official Conducting Seizure Printed Name Address Date Address Telephone	Veterinary Practitioner C	ontacted (Name, address, telephone)	Date Contacted	Time Contacted
Commonwealth Attorney Contacted (Name, address, telephone) Date Contacted AM PM Disposition of animal(s) Additional Comments Signature of Official Conducting Seizure Printed Name Date Date Time Contacted AM PM				AM PM
Commonwealth Attorney Contacted (Name, address, telephone) Date Contacted AM PM Disposition of animal(s) Additional Comments Signature of Official Conducting Seizure Printed Name Date				
Additional Comments Signature of Official Conducting Seizure Printed Name Date	Recommendations			
Additional Comments Signature of Official Conducting Seizure Printed Name Date				
Additional Comments Signature of Official Conducting Seizure Printed Name Date				
Additional Comments Signature of Official Conducting Seizure Printed Name Date	Commonwealth Attornov	Contested (Name address talanhans)	Data Contacted	I Time Contested
Disposition of animal(s) Additional Comments Signature of Official Conducting Seizure Printed Name Date	Commonwealth Attorney	Contacted (Name, address, telephone)	Date Contacted	i Time Contacted
Additional Comments Signature of Official Conducting Seizure Printed Name Date				AM PM
Additional Comments Signature of Official Conducting Seizure Printed Name Date				
Additional Comments Signature of Official Conducting Seizure Printed Name Date				
Additional Comments Signature of Official Conducting Seizure Printed Name Date				
Signature of Official Conducting Seizure Printed Name Date	Disposition of animal(s)			
Signature of Official Conducting Seizure Printed Name Date				
Signature of Official Conducting Seizure Printed Name Date				
Signature of Official Conducting Seizure Printed Name Date				
Signature of Official Conducting Seizure Printed Name Date				
Printed Name Date	Additional Comments			
Printed Name Date				
Printed Name Date				
Printed Name Date				
Printed Name Date				
Printed Name Date				
Printed Name Date	Signature of Official			
	Conducting Seizure			
Address	Printed Name		Date	
	Address		Teleph	none